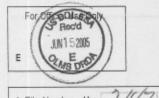
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/4/C	8/1/2004 Through: 12/31/2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name Jeffrey A CASh	Name FBEW #77 Labor Organization File Number 029-/0/
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 12129
Street 1673. S. Market PMB #111	Street 321-16 th Ave. 5.
State Wa. ZIP Code +4 98532-382	City Seat+L+, ' 6 State Wa ZIP Code + 498/02-0129
5. Position in labor organization. Membership Devel	
Enter appropriate data below if, during the past fiscal year, you or your sp	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of tion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	the first property of the second seco
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	par and date
State ZIP Code + 4	To the see see see a see see see see see see
Sig	nature
submitted in this report (including the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Cally H. Cast	or 6-9-65 (206) 323 -4505
The transfer of American American American	Date Telephone Number

Nan	ne c	of P	erson	Filing

File Number U-

2/42

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is	therwise dealing with the business	
(2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor orga	r indirectly to, or otherwise	
dealing with your labor organization or with a trust in which your labor or with a trust in which your labor or with a trust in which your labor or which your labor or with a trust in which your labor or which your labor or with a trust in which your labor or which your labor or which your labor or which your labor or which your	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of me		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	The following read above to the processing of th	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	